

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARYLAND HEALTH CARE COMMISSION

Establish and Manage a Quality Measures Data Center  
To Support  
The Maryland Hospital Performance Evaluation System

RFP 09-001  
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The above-entitled matter came on for a  
prebid conference on Tuesday, June 3, 2008,  
commencing at 10:01 a.m., at the Maryland Health  
Care Commission, 4160 Patterson Avenue, Baltimore,  
Maryland 21215.

AGENCY REPRESENTATIVES:

Pamela Barclay, Director, Center for  
Hospital Services  
Sharon Wiggins, Procurement Officer  
Theresa Lee, Chief, Hospital Quality  
Initiatives, Center for Hospital Services  
Leslie LaBrecque, Chief, Database and  
Applications Development, Information  
Services and Analysis

Reported by: Richard D. Baker, Jr.

1 P R O C E E D I N G S

2 MS. BARCLAY: Good morning, everybody.

3 Can everyone hear me? Sometimes the acoustics  
4 aren't great in here. Is that good? Okay.

5 On behalf of the Maryland Health Care  
6 Commission I want to welcome you to this prebid  
7 conference for the Maryland Quality Measures Data  
8 Center. I'm Pam Barclay, I'm director of the  
9 Center for Hospital Services at the commission.  
10 This is the center within the commission that is  
11 actually the lead group that is responsible for  
12 this RFP. Joining me this morning are Sharon  
13 Wiggins, the procurement officer for the commission  
14 to my right, Theresa Lee, who is chief of Hospital  
15 Quality Initiatives within the Center for Hospital  
16 Services, and Leslie LaBrecque, who is chief of  
17 Database and Applications Development in the Center  
18 for Information Services and Analysis.

19 I'd like to start by having each  
20 organization in attendance this morning to  
21 introduce their representatives for the record. So

1 I think probably, a large group here, why don't we  
2 go around to my left?

3 Make sure the mike is on. If you can  
4 speak loudly so the court reporter can hear you.

5 A PARTICIPANT: A court reporter.

6 MS. BARCLAY: Yes. I'm going to have a  
7 record for everybody.

8 MR. KOEPKE: My name is Mark Koepke, I  
9 am with IFMC, Iowa Foundation for Medical Care.  
10 And I'm with a colleague, Mike Sacca, sitting to  
11 the right.

12 MS. BARCLAY: Okay, very good.

13 MR. FIELDER: Good morning, Jim Fielder,  
14 chief business development officer for Smart  
15 Business Advisory & Consulting.

16 MR. FIERRO: Mike Fierro, principal of  
17 Dynamed Solutions.

18 DR. GU: Jiao Gu, president of FEI.

19 MR. NDIKUMWAMI: Adrien Ndikumwami,  
20 systems analyst at Social & Scientific Systems.

21 MS. EICHNER: June Eichner, senior

1 research scientist at NORC.

2 MR. GHAFIR: Hatem Ghafir, vice  
3 president at NORC.

4 MR. NEWHOUSE: Good morning, I'm Don  
5 Newhouse with SM Consulting and also here with Bill  
6 Grow from SM Consulting.

7 MR. BOCCOLUCCI: Dan Boccolucci with  
8 Planned Systems International. And I'm here with  
9 Tom Osment and Mike Snyder, both with Planned  
10 Systems.

11 MR. NELSON: Marty Nelson from ViPS  
12 health care information solutions and I'm here with  
13 Jennifer Gardner.

14 MS. BARCLAY: Okay. And how about if we  
15 start in the first row?

16 MR. RADUNE: My name is David Radune,  
17 I'm here with Macro International, and my colleague  
18 Guy Garnett should be here momentarily.

19 MR. PIPESH: Frank Pipesh with Center  
20 for Performance Sciences here with Bob Kazandjian.

21 MR. SCHNEIDER: Bill Schneider with

1 Peart-Hannon Group here by myself.

2 MR. VEGA: Mike Vega with Dr. Gu, FEI.

3 MS. NELOMS: Stacey Neloms here with SRA

4 Constellagroup.

5 MS. LESHER: Mariana Leshner with

6 Delmarva Foundation with colleague Greg Foster.

7 MS. SATOR: Allison Sator with

8 Augumented Technology Solutions.

9 MS. UMO: Deme Umo, Maryland Health Care

10 Commission.

11 MS. SUTTON: Janet Sutton with Social &

12 Scientific Systems.

13 MS. STUCKEY: Falecia Stuckey with

14 Visions Strategic Marketing.

15 MR. FORREST: Steve Forrest with the

16 Health Services Cost Review Commission.

17 MS. SCHUMAN: Mary Schuman with SAIC.

18 MS. BARCLAY: Okay. Does that get

19 everybody?

20 Okay. I want to begin by providing some

21 background information on the commission and give

1   you a brief overview of some of our activities  
2   related to the hospital performance evaluation  
3   guide. Then I'm going to ask Sharon Wiggins to  
4   talk about some of the key dates that are  
5   associated with the RFP. These are dates that are  
6   in the RFP but I want her just to review the  
7   schedule so everyone has that information.

8                   Then I'm going to turn to Theresa Lee,  
9   who will talk about the questions that we -- we've  
10  gotten some questions from some of you and we'll  
11  talk about those questions and our response to the  
12  questions. Questions have been submitted in  
13  advance of this prebid conference. Then we will  
14  open the floor for additional questions that you  
15  might have this morning.

16                  So let me, let me just talk briefly just  
17  by way of introduction about some background. I  
18  think many of you in the room know that Maryland is  
19  a leader in collecting and publicly reporting  
20  information on health care cost utilization and  
21  quality, with a couple of goals in mind. One,

1 promoting knowledgeable patient choices about  
2 health care providers, and also providing feedback  
3 to providers and policymakers to facilitate quality  
4 improvement.

5           The Maryland General Assembly charged  
6 the commission with a range of major initiatives  
7 over the past several years encompassing health  
8 maintenance organizations. We were one of the  
9 first states to develop an HMO report card. We  
10 have public reporting on nursing homes, ambulatory  
11 surgical facilities as well as hospitals. All of  
12 these are designed to promote quality health care  
13 for Maryland residents through collecting and  
14 publicly reporting data that permits comparisons  
15 based on a range of performance measures, including  
16 processes of care, outcomes of care, patient and  
17 family perceptions of care, and structural and  
18 organizational characteristics associated with high  
19 quality care.

20           In 1999 the Maryland General Assembly  
21 charged the commission with developing and

1 implementing a system to comparatively evaluate  
2 quality of care outcomes and performance  
3 measurements of hospitals and ambulatory surgical  
4 facilities. To meet this legislative mandate the  
5 commission developed a hospital performance  
6 information guide, which is an online tool for  
7 consumers, providers and policymakers, and I'm sure  
8 hoping many of you have looked at that or are  
9 familiar with that, that tool.

10           As described in the RFP, the guide has  
11 evolved over the past several years. We've  
12 included in the RFP an appendix that does include a  
13 list of the measures currently reported and the  
14 measures that we plan to add over the next five  
15 years. Through this solicitation we are seeking a  
16 vendor to assist the commission in establishing a  
17 Quality Measures Data Center for the state of  
18 Maryland. The data center will be the repository  
19 of hospital quality performance data used to  
20 support the state's hospital performance and  
21 evaluation system. This system will also support



1 our public reporting activities as well as  
2 Maryland's efforts to establish a quality based  
3 reimbursement system for hospitals.

4           The Quality Measures Data Center will  
5 strengthen data use for public reporting and policy  
6 development by collecting patient level data sets  
7 for performance measures directly from hospitals.  
8 We believe this approach will provide three  
9 critical benefits. One, more timely access to  
10 clinical data and associated performance measures;  
11 secondly, an opportunity to assess the quality and  
12 completeness of data received; and third, enhanced  
13 flexibility to analyze the data, identifying target  
14 areas for quality improvement and share information  
15 and results with hospitals, policymakers and other  
16 interested parties.

17           The RFP does detail the specific  
18 activities and tasks associated with the project  
19 and we will certainly try and answer questions you  
20 might have this morning about the specifics of the  
21 RFP. If we can't answer those questions, we will

1 be working on those and giving you responses in the  
2 next few days.

3           So again I want to thank you all for  
4 your interest in coming this morning to learn more  
5 about the RFP. What I'm going to do now is turn to  
6 Sharon Wiggins and ask her to talk about some of  
7 the key dates and deadlines in the procurement  
8 process.

9           MS. WIGGINS: Good morning, everyone.  
10 I'd like to just briefly give you an overview of  
11 the RFP process, some key information that's really  
12 important in your technical submission and  
13 proposal. First, proposals are due at the  
14 commission office by 4 p.m. on Friday, July 11.  
15 We're asking that you submit an original set -- I'm  
16 sorry, an original and seven copies. Additional  
17 written questions will be accepted until next  
18 Wednesday, June 11th, at 4 p.m. Those questions  
19 may be e-mailed to me. My e-mail address is on the  
20 key summary sheet of the RFP. We will be posting  
21 any addendum to this RFP on the three websites;

1 one, the EMarylandMarketplace, the other is the  
2 DHMH website, and of course our MHCC website. The  
3 addendum, a copy of this transcript and any other  
4 information will be posted hopefully by next  
5 Friday. If it's not there on Friday look for it  
6 the following Monday. I'm hoping to have all  
7 questions answered and posted to those websites by  
8 Friday at 4 p.m.

9           There's a 25 percent MBE subcontractor  
10 goal. This is a five-year contract with a term to  
11 begin on or about September 1st of this year and  
12 it's going to end June 30th, 2012. This  
13 procurement method, this RFP, is a competitive  
14 sealed proposal process. There are specific MBE  
15 requirements for participation that you must be  
16 aware of. Failure to comply with these will  
17 automatically render your proposal ineligible for  
18 award.

19           This process involves submitting a  
20 sealed technical proposal and a sealed financial  
21 proposal. You must also submit a PIA, which is a

1 Public Information Act copy, since the commission  
2 is obligated under the Information Act to provide  
3 copies of the proposal to any vendors that may  
4 request this. Evaluation of the proposals will be  
5 conducted by a committee established by the  
6 commission. The proposals will be given more  
7 weight than your financial proposal.

8           Please review the organization of the  
9 proposal which is outlined in Part II of this RFP.  
10 A summary of what is to be included in your RFP is  
11 located on page 29 of this RFP. Here we ask that  
12 you include information of your fiscal,  
13 documentation of your fiscal integrity, provide a  
14 legal action summary, provide a list of all  
15 contracts with any entity in the state of Maryland.  
16 We'd like for you to address the economic benefit  
17 to the state of Maryland and also there's a living  
18 wage affidavit. You must also include a copy and  
19 statement of any proprietary information that's  
20 included in your proposal.

21           Once the evaluation committee has

1 reviewed the proposals, additional questions for  
2 clarification may be issued. Vendors, we'll  
3 probably contact you via e-mail. If you're  
4 submitting a proposal you must also include and  
5 list your resident agent on your bid/proposal  
6 affidavit statement. Your resident agent is the  
7 person to whom all legal notices are required to be  
8 sent. If you need to determine who your resident  
9 agent is you need to contact the Department of  
10 Assessments and Taxation. Their website address is  
11 MDAT dot state dot MD dot US. Their phone number  
12 there is 410-764-1330. Also, a comptroller's  
13 clearance is required before a contract is awarded  
14 to assure that companies do not have any  
15 outstanding liens with the state of Maryland.

16           The MBE subcontractor must be designated  
17 and included in your technical proposal. Again see  
18 Part II of the items to be submitted. MBE  
19 Attachment B must be included in your financial  
20 proposal. If a vendor fails to submit these forms  
21 in their proposal as required, then the

1 determination will be that your proposal will be  
2 considered not responsive and for that reason not  
3 accepted and your financials will be returned  
4 unopened.

5           Also, we have a living wage requirement  
6 for all service contracts. If a vendor does not  
7 sign an affidavit with regard to the living wage,  
8 then they will be considered unresponsive and  
9 cannot be considered for a contract award. Vendors  
10 that fall under the living wage requirements will  
11 be required to submit to the Department of Labor  
12 and Industry every 14 days payroll records for  
13 employees working under state contract and their  
14 subcontractor will be responsible for submitting  
15 their payroll records to the prime. In certain  
16 instances DLLR could even ask the commission to  
17 rescind the contract if you fail to comply with the  
18 living wage requirements.

19           And again, any vendor who's not  
20 considered for award at your earliest convenience  
21 can ask the commission for a debriefing.

1                   MS. BARCLAY: Okay. Let me now have  
2   Theressa -- we did, we have received some questions  
3   and I think before we open the floor generally for  
4   additional questions you might have, we'll go to  
5   the questions that have been submitted to us. And  
6   Theressa will do that now and outline our response.  
7   Now, we'll be giving you a written list so we will  
8   give you an addendum with these questions detailed  
9   and a written response, just so you understand  
10   that. But we will talk about at least the  
11   questions that have been raised this morning.  
12   Theressa.

13                  MS. LEE: Thank you. We've actually  
14   received about 16 questions to date and I won't  
15   read each of these but I'll highlight those that I  
16   think might be relevant to you all.

17                  The first has to do with information  
18   contained on page 14 and 15 of the RFP. And the  
19   question is are the core measures referenced in  
20   this proposal the same core measures that are  
21   currently reported on Hospital Compare? And the

1 answer is yes.

2               Second question, this again is found on,  
3 information that's found on the RFP on page 14 and  
4 15. As new measures are added to Hospital Compare,  
5 is the expectation they will be added to this  
6 contract or removed or retired? The answer,  
7 Appendix A includes a chart that identifies  
8 measures currently being reported on the guide as  
9 well as those measures that are planned for future  
10 implementation. Because this contract covers a  
11 five-year period it's anticipated that new measures  
12 will be added to the guide as part of the scope of  
13 work. The commission will annually review the  
14 measures to determine whether they should continue  
15 to be collected and will add new measures as  
16 appropriate. This will be done in consultation  
17 with our advisory committees.

18               Question 4, which pertains to  
19 information on page 27 of the RFP, the last line of  
20 the first paragraph of this section states that  
21 letters of intended commitment to work on the



1 project from all personnel including subcontractors  
2 should be included with the proposal. The question  
3 is does this include the prim contractors full-time  
4 staff? And the answer is yes.

5           The next question has to do with  
6 information found on page 18 of the RFP. The  
7 question, the last line at the top of this page  
8 appears to be incomplete: This review, which will  
9 be conducted in consultation with the HAI Advisory  
10 Committee and appropriate agencies, and that's the  
11 phrase that's included in the RFP, and the question  
12 is can we get the remainder of the text for this  
13 requirement? And the answer is the entire sentence  
14 should read as follows: This review, which will be  
15 conducted in consultation with the HAI Advisory  
16 Committee and appropriate agencies, will consider  
17 modifications to the National Healthcare Safety  
18 Network System, and this has to do with HAI  
19 information.

20           The next question pertains to  
21 information found in the RFP, page 29. Item B

1 lists affidavits, both with the same title,  
2 Bid/Proposal Affidavit included in Appendix G and  
3 Appendix H of the RFP. We note that Appendix G is  
4 in fact titled Bid/Proposal Affidavit and Appendix  
5 H is entitled Contract Affidavit and assume you  
6 want both submitted. Is this correct? The answer  
7 is yes. And this document will include the  
8 corrected language, again you'll get this in  
9 writing in the addendum.

10 Another question pertains to information  
11 found on page 17 of the RFP and has to do with  
12 Healthcare-Associated Infections Data. The  
13 question, please clarify the process intended to  
14 resolve the data quality issues. Will providers be  
15 allowed to resubmit or will there be specific  
16 parameters regarding what types of data issues can  
17 be resolved? Can MHCC describe the types of data  
18 issues that we should anticipate to determine how  
19 to project the staffing around technical  
20 assistance, help desk support and/or resubmissions?  
21 The answer, the text of the third paragraph on page

1 17 has been corrected to delete the sentence, so  
2 basically the contractor will not be required to  
3 establish the process to review and resolve data  
4 quality issues and problems with hospitals during  
5 review period and this pertains to HAI data.

6 Another question has to do with  
7 information found on page 21. It is associated  
8 with data may be reviewed to determine if there are  
9 disparities based on socioeconomics, race,  
10 ethnicity or geographic factors. The contractor  
11 will provide MHCC staff with ad hoc reports upon  
12 request. The question, please provide estimates of  
13 the number and type of ad hoc requests by MHCC on a  
14 monthly or annual basis. The answer, it is  
15 difficult to estimate the number and types of ad  
16 hoc requests to be made on an annual or monthly  
17 basis. For the purpose of estimating costs  
18 associated with this requirement, we have  
19 identified 500 hours of analytic work annually.

20 Question 14 pertains to information on  
21 page 30. Please clarify MHCC's requirement for the

1 Confidentiality Statement with Justification.  
2 Should it be included in Volume I, Technical  
3 Proposal, or in Volume II, Financial Proposal? And  
4 the answer is the Confidentiality Statement with  
5 Justification should be included in Volume I,  
6 Technical Proposal, as stated on page 29.

7           And then the final question, for  
8 services provided in 4.1 will the contractor be  
9 expected to host the hardware and software needed  
10 to support the Quality Measure Data Center, and, if  
11 yes, will MHCC pay for this necessary hardware and  
12 software, and if no, where will the Quality  
13 Measures Data Center be hosted? The answer, the  
14 MHCC expects that the hardware and software needed  
15 to support the Quality Measures Data Center will be  
16 housed and operated from the contractor's office.  
17 The financial proposal should include all costs  
18 associated with the provision of services required  
19 by this RFP. This includes hardware and software  
20 costs associated with the contract.

21           That's a basic summary of the questions



1 I have two questions. One, I'm trying to  
2 understand this MBE requirement, the Maryland, I  
3 guess that's in regards to the subcontractor. Is  
4 that requirement they're incorporated or they're in  
5 the process or they're through the process of  
6 certification? What is the threshold for that?

7 MS. WIGGINS: Your MBE subcontractor  
8 should be licensed and have a MDOT certification  
9 number prior to your submitting a proposal to us.  
10 So please make sure that all MBEs that you  
11 subcontract with have a MDOT certification number.  
12 You can check the certification numbers out on the  
13 MDOT website, mdot dot state dot MD dot US, and  
14 it's a MBE directory icon that you click on and you  
15 can put that certification number in there and  
16 certification should come up.

17 MS. BARCLAY: We'll put that --

18 MS. WIGGINS: It's part of the addendum.

19 MS. BARCLAY: We'll put that in the  
20 addendum if you need to follow up on that.

21 MR. KOEPKE: And then an unrelated

1 question, I'm interested in what new ideas you're  
2 kicking around in terms of changing the reporting  
3 from historically, are you looking for -- can you  
4 elaborate on that a little bit?

5 MS. BARCLAY: I'm not --

6 MR. KOEPKE: The website design or  
7 language or any of this kind of stuff.

8 MS. BARCLAY: The major thrust -- there  
9 are a couple of major objectives for this  
10 procurement. In terms of the website itself, we do  
11 plan on using our current website design, so when  
12 you, when you look at this RFP and you see the  
13 additional, new data and expanded measures that we  
14 do plan, it is within the framework of our current  
15 website design, so to clarify that. One of the  
16 things that we are planning on doing with this and  
17 I think if you look at Appendix A you will see that  
18 we are expanding the measures that we plan to  
19 publicly report on the, on the guide. We do not  
20 currently have on our guide the, for example, the  
21 patient experience data. That will be an area that

1 we will be expanding and adding to our guide as  
2 part of this procurement. We also plan to expand  
3 the data being reported on health care associated  
4 fact sheets. We currently do report several of the  
5 Hospital Compare skip process measures. We will  
6 expand that to include data from the National  
7 Healthcare Safety Network System that we are  
8 beginning to collect actually in July of this year.  
9 So that's a major objective of this procurement.

10 I think the other thing that I want to  
11 emphasize is that we are planning on -- the vendor  
12 here will be getting data from hospital vendors, so  
13 we will be, the commission will be collecting  
14 patient level or case level data for the core  
15 quality measures. We do not currently do that. We  
16 currently access the data through warehouse and get  
17 summary level data. So those are three I think  
18 important things that we hope to achieve with this  
19 RFP.

20 MS. BARCLAY: There and then we'll go.

21 MR. GHAFIR: Hatem Ghafir. You



1 mentioned that the questions and answers will be  
2 posted next Friday.

3 MS. BARCLAY: Yes.

4 MR. GHAFIR: A week from Friday,  
5 correct?

6 MS. WIGGINS: Yes.

7 MR. GHAFIR: Is it possible to post the  
8 list of attendees at least and the Qs and As this  
9 Friday and then next Friday will be a second stage?

10 MS. WIGGINS: You want a list of the  
11 attendees.

12 MR. GHAFIR: And the questions and  
13 answers that we already have, is it possible to  
14 post them?

15 MS. WIGGINS: Oh, yes, I can do that. I  
16 will do that.

17 MR. GHAFIR: You gave some guidance on  
18 the level of effort for the ad hoc reports. Do you  
19 have guidance on the overall level of effort that  
20 you expect for the entire proposal?

21 MS. LEE: No, we have, the way we

1 developed this RFP we have a fixed price contract  
2 for the bulk of the processing and then we have an  
3 indefinite quantity way of actually identifying the  
4 data validation fees and the analytical work  
5 because we believe they vary a bit.

6 MR. GHAFIR: So can you give guidance on  
7 the fixed price?

8 MS. LEE: When you're talking about  
9 guidance you're talking about --

10 MR. GHAFIR: Level of effort or budget  
11 or something.

12 MS. BARCLAY: No. I mean I think that  
13 there are two items, as Theresa said, that are,  
14 where we've given some very specific parameters for  
15 you to bid on. I'm understanding your question to  
16 be level of effort for the entire proposal as we  
17 articulate it here.

18 MR. GHAFIR: Yeah.

19 MS. BARCLAY: I think that what we're  
20 looking for are your proposals and your estimates  
21 of what it would take to do what we've outlined in

1    this proposal, so I think that will probably vary  
2    based on your expertise and your ideas for  
3    accomplishing the task, so we're looking for  
4    proposals from you all to address what's in the  
5    RFP.

6                   MS. LEE:   And you do know there's a  
7    quarterly processing, we've identified at least  
8    processing this core measures data on a quarterly  
9    basis so that gives you some sense, you know the  
10   size of the hospital industry here in the state and  
11   we tried to outline as much as possible in the RFP.

12                   MR. GHAFIR:   Okay.

13                   MS. BARCLAY:   Yes.

14                   MR. SACCA:   Mike Sacca from IFMC.   With  
15   the enhanced data down to the beneficiary level are  
16   you envisioning additional levels of security in  
17   terms of say a doc coming in wanting to know his  
18   specific cohort or beneficiary to apply to a  
19   measure and more business intel to roll down to  
20   reporting at physician level and beneficiary level?

21                   MS. BARCLAY:   This is not really

1 physician level data. When I say -- this is really  
2 case level data, so the data being captured at  
3 least for the core measures will reflect data for a  
4 patient, episode of care in the hospital. So it's  
5 not -- I don't think, we're not really talking  
6 about at a physician level of reporting. It's  
7 really reflecting the patient, a patient's episode  
8 of care in the hospital. It's for the core quality  
9 measures.

10 MR. SACCA: But no interest on your  
11 reporting site to roll up into looking into  
12 physician targeted areas?

13 MS. BARCLAY: I think in terms of public  
14 reporting and what we've outlined here, that's not  
15 really a major focus. What we're really focusing  
16 on is being able to publicly report performance at  
17 a provider, at a hospital level, so that's really  
18 the principal focus.

19 MR. SACCA: Gotcha.

20 MS. BARCLAY: Other questions? Yes.

21 MR. FIERRO: Mike Fierro. Obviously a

1 lot of this work happens today and throughout the  
2 variants of the commission. Can you talk to how  
3 that happens with commission staff, do you have  
4 multiple vendors having pieces of this and how does  
5 that impact transition? One example is the  
6 requirement within 2008 to take over the quarterly  
7 reporting for the core measures. Will we be taking  
8 that up from an existing vendor? The reporting  
9 requirements that will precede development of a  
10 patient level data warehouse. Do we need to try to  
11 take over the existing effort and work towards the  
12 warehouse. Can you speak to that?

13 MS. BARCLAY: Well, we currently do  
14 have -- I guess the important thing to emphasize is  
15 right now we're recording summary level data. We  
16 do have an existing agreement to access the data in  
17 the QIO warehouse with the vendor, Delmarva  
18 Foundation. And we have built -- I mean there is a  
19 transition period and we would envision this  
20 contract starting, you know, while we're, we still  
21 have the contract with Delmarva in place to do the

1 summary level. So we've done some specific  
2 planning for a transition.

3 Our interest is in keeping the  
4 information on the guide current, at least the 18  
5 core measures that are currently there, and then  
6 our new vendor will be adding to the guide. So  
7 does that respond to your question?

8 MR. FIERRO: On the transition, yes.

9 MS. LEE: It's a totally different  
10 approach than what we're doing right now.

11 MS. BARCLAY: Yeah, I think that's  
12 important, because we're going to be getting  
13 patient level data and accessing it and  
14 constructing the database as opposed to accessing  
15 and pulling the data from the warehouse. So that's  
16 an important new effort under this RFP.

17 MS. LEE: We don't have a vendor  
18 currently that performs that function.

19 MR. FIERRO: Does the bulk of this RFP  
20 ever connect into the commission? We're not  
21 displacing existing commission staff, we're doing

1     analytics, this is all sort of in addition to what  
2     you have today?

3                   MS. BARCLAY:   Yes.

4                   MS. LEE:   We're enhancing our ability to  
5     collect the data directly to have greater  
6     confidence in its completeness and its quality  
7     because right now as Pam mentioned, we get it  
8     secondhand, so we're actually creating a new  
9     strategy to collect the data directly from the  
10    hospitals through their vendors and then the vendor  
11    who would be awarded this contract will do the  
12    processing in the sense of a data center to receive  
13    the data, process the data, and also generate our  
14    analysis and also provide us with services so that  
15    we can create our guide among the other things  
16    listed in that RFP.

17                  MS. BARCLAY:   I saw a bunch of hands go  
18    up here.

19                  MR. RADUNE:   David Radune from Macro  
20    International.   I understand a lot of these  
21    measures have been collected for years even.   At

1 the start of this, you know, the new contract that  
2 you have here, would you be expecting the new  
3 contractor to go back in and collect data for the  
4 previous ten years? Is there any requirement to  
5 collect retrospective data? Would we start with  
6 data collected September going forward or would we  
7 have to go back and get previous years' data?

8 MS. BARCLAY: No. There will be no  
9 requirement to do retrospective, because we have  
10 that data, so we will be going forward. I mean  
11 we'd like to go forward from 2007 onward, but some  
12 of these measures, and you're correct, is that we  
13 actually started reporting some of these measures  
14 to the guide back in 2002, 2003, 2005. That's when  
15 we added core measure data to our guide, so we're  
16 not going back in time with that.

17 MR. RADUNE: You said starting with  
18 2007. Like January 2007?

19 MS. LEE: We actually want to begin  
20 collecting the data at the case level, which we  
21 haven't done before, so we'd like to begin that



1 with 2007, which is sort of going backward but we  
2 believe given the schedule of data submission  
3 currently through the DMS queue net that we should  
4 be able to capture that information from hospitals  
5 starting with 2007.

6 MR. RADUNE: Thank you.

7 MS. BARCLAY: Okay, you and then you.

8 DR. GU: Jiao Gu from FEI dot com -- by  
9 the way, FEI is a Maryland certified MBE company.  
10 In past nine years we have been focusing on  
11 healthcare quality and to the patient level and to  
12 the hospital or provider level. My question  
13 related to this RFP according to our previous  
14 experience. We have been dealing with 17 states  
15 and the counties providing and collecting health  
16 care and particularly certain treatments of mental  
17 health area as far as Hawaii, Alaska and as local  
18 as Maryland. And given this scope of work and  
19 level of efforts, to treat that as a firm fixed  
20 price contract imposes a pretty challenging, and  
21 for instance as a data collections it has to

1 collaborate with a hospital, in this case over 50  
2 healthcare facilities. Without their  
3 collaborations and with unknowing their maturity  
4 level of, in their technical capability level, it's  
5 very hard to estimate the level of effort. Because  
6 each state, our experience, some state it's very  
7 easy to work with, for instance like Maryland, but  
8 some state like Alaska it's just very hard to get  
9 informations. So for this effort, in order to  
10 facilitate this kind of bidding and proposal  
11 development I think some guideline for the kind of  
12 level for effort is, probably would help develop  
13 the proposals.

14 MS. WIGGINS: My response to that is  
15 this is a competitive bid/proposal process and in  
16 that process it is incumbent upon the vendors and  
17 the contractors here to propose a price. The  
18 commission has done some research and we have some  
19 gauge, some price that we hope we can come up with  
20 that will meet the requirements of the, of what's  
21 outlined here in the RFP. It's your responsibility

1 to come to us and give us a proposed price of what  
2 you think we're asking for, even if it means that,  
3 even if it means that we may have to streamline  
4 some of the things that may be in the RFP, so  
5 that's as fair as I can answer that question.

6 DR. GU: Can I ask, and would technical  
7 support or interface of the hospitals be part of  
8 this contract or not?

9 MS. LEE: Yes. I think it's also  
10 important to note that we have, as I said, 47  
11 hospitals that will be reporting. These hospitals  
12 currently report this information to the federal  
13 government. There is a format already established.  
14 There is an editing protocol already established by  
15 the federal government, so hospitals are doing  
16 this. They're just not required to report directly  
17 to us. Right now we get the data secondhand if you  
18 will through the warehouse. So what we're doing  
19 now is asking you to send the data directly to us.

20 DR. GU: Okay.

21 MS. LEE: It may be useful to look at

1 the fed's website, quality net dot org, and get a  
2 better sense of what's being required by the  
3 hospitals, how the system works and those kind,  
4 that kind of information, maybe get a better handle  
5 on what this project entails.

6 DR. GU: Second question, related to  
7 Maryland, the requirement for hosting some website,  
8 recently we were bidding with several kind of  
9 contractors which is not part of this and they  
10 required housing facility must locate in state of  
11 Maryland. Is that the case or not the case in this  
12 procurement?

13 MS. LEE: Hosting the website?

14 DR. GU: Hosting, the physical  
15 facilities of hosting, server, data center.

16 MS. LEE: To make a distinction between  
17 the websites, the commission's website where you  
18 can find the guide and then the website which  
19 allows hospitals to preview the information is  
20 another aspect of this, and then the actual, the  
21 hardware and software and system used to process

1 the core measures data, which is a big piece of  
2 this. So we have a website where you can see the  
3 guide and then the preview website can also be  
4 under the commission's location or can be at the  
5 facility, but the bigger piece of this, the  
6 processing of the core measures data, is where the  
7 vendor, we would expect that would be at the  
8 vendor's office and they would receive information  
9 from the hospitals and then process and perform  
10 those functions to provide the analysis and the  
11 core measures data that will be eventually used for  
12 the guide as well as develop the analytic files.  
13 That could be done at the contractor's office.

14 DR. GU: Not necessarily restricted in  
15 Maryland?

16 MS. WIGGINS: No.

17 MS. LABRECQUE: I just wanted to add a  
18 little piece. The core measures processing takes  
19 place at the vendor but the reporting has to become  
20 integrated with that, correct?

21 MS. BARCLAY: Correct.

1 MS. LABRECQUE: Okay, so that's why  
2 maybe there's some confusion at the end, at the  
3 appendix that has website requirements. That only  
4 applies to our server. It does not apply to the  
5 process -- that occurs in the core measure  
6 processing that presumably would be at your site.

7 DR. GU: Thank you.

8 MS. BARCLAY: Let me get one question  
9 here and then we'll come back to you.

10 MS. NELOMS: Stacey Neloms with SRA  
11 Constellagroup. You mentioned that there were 47  
12 hospitals that were currently reporting to the  
13 feds. I wanted to know, A, is there a legal  
14 mandate for them to report to the state, and B, do  
15 you have their buy-in to submitting the data to  
16 you, because currently you're collecting summary  
17 data, and do you anticipate any resistance from any  
18 of the hospitals sending the data to you directly,  
19 and then finally will you acquire IRD approval in  
20 order to actually receive the data?

21 MS. LEE: The hospitals, as I said, are

1 currently collecting the case-specific information,  
2 they're just not reporting it to us. So I don't  
3 see where we're going to get a lot of push-back on  
4 that. There are other activities going on in the  
5 state with other agencies. Our Health Services  
6 Cost Review Commission is implementing a quality  
7 based reimbursement program that will require this  
8 type of information for the hospitals to  
9 participate in that, so I believe it's understood,  
10 I don't want to speak for the hospital industry,  
11 but it's understood that we're trying to move in  
12 the direction of not adding any burden to the  
13 hospitals but simply redirecting the data that goes  
14 directly to the feds, which I assume they still  
15 will do, but they will also direct that information  
16 to the MHCC. I believe early on we dealt with data  
17 issues and release requirements.

18 MS. BARCLAY: Yeah. And I also, you may  
19 want to reference, the commission just, has just  
20 recently updated its regulations governing  
21 reporting of the hospital performance evaluation

1 system. 10.25.04 is available, Division of State  
2 Documents, COMAR online. That outlines the process  
3 that the commission uses to give formal notice to  
4 hospitals about what reporting requirements are,  
5 and that's what we will be using, you know, that  
6 vehicle, to actually articulate what the timetables  
7 are and reporting requirements. The reporting of  
8 this data in Maryland is mandatory, it's required.  
9 So I think just to kind of emphasize what Theresa  
10 said, this is not a voluntary kind of system. It  
11 is required, hospitals in Maryland are required to  
12 report data to this commission and to the Health  
13 Services Cost Review Commission and this effort is  
14 really built on that. Okay. Yes.

15 MR. FIELDER: Jim Fielder from Smart.  
16 My question had to do with the stage of the budget.  
17 Is this a budget requested item in fiscal year '09,  
18 is it approved, what stage are you? Knowing that  
19 you have to have a budget. I'm not looking for a  
20 number. What stage of the budget?

21 MS. WIGGINS: I would say yes, it's an



1 approved item. Like I said, the term for this  
2 contract is a five-year term. It is a five-year  
3 term.

4 MS. BARCLAY: So yeah, I think it is  
5 something -- it has been, funding to support the  
6 hospital guide has been in our budget and will  
7 continue to be in our budget and the amount of that  
8 will depend in part on the response to this RFP and  
9 we will build that into the budget.

10 Other questions?

11 MR. RADUNE: Yes. David Radune from  
12 Macro International again. I'm curious, do you  
13 have any idea how many patient level cases you get  
14 per quarter, how many you expect to receive in  
15 total?

16 MS. LEE: Not on a quarterly basis but  
17 we were looking at some information comparing a  
18 couple of data sets and if you look at the core  
19 measures data for fiscal year 2007, if you include  
20 all of the surgeries in that skit measure, it's  
21 about 113,000 cases.

1                   MR. RADUNE: And that was for what time  
2 period?

3                   MS. LEE: For fiscal year '07. That's  
4 just a rough estimate.

5                   MS. BARCLAY: For the whole year.

6                   MR. RADUNE: Thank you.

7                   MS. BARCLAY: Other questions? Okay.

8 So I think that concludes our prebid conference.

9 Thank you all very much for participating. We will  
10 post the questions, I think we agreed, Sharon said  
11 we'll post the questions we received to date in a  
12 couple of days or -- this week, and then we'll,  
13 additional questions that you have that we get we  
14 will respond to and post by the deadline in the  
15 RFP.

16                   I'm sorry, yeah, you wanted a list of  
17 attendees. We will also post that this week. Yes.  
18 We'll do that. Okay. Thank you all very much,  
19 appreciate it.

20                   (Conference concluded at 11:50 a.m.)

21

1 STATE OF MARYLAND  
2 COUNTY OF BALTIMORE

3 I, Richard D. Baker, Jr., a Notary  
4 Public in and for the State of Maryland, County of  
5 Baltimore, do hereby certify that the foregoing is  
6 a true and accurate transcript of the proceedings  
7 indicated.

8

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10 Richard D. Baker, Jr., Notary Public

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